

**Instructions:** Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

Name of Traveler: John Anthony Coughlan

Employing Office/Committee: Finance

Private Sponsor(s) (List all): American Bar Association

Travel Date(s): **September 30, 2016**

**Description/Title of Attached Forms:** Amended RE-2 Form; RE-1 Form; PSTCF + attachments;


## Final itinerary

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission is

**incomplete. Final expenses section of the RE-2 Form must be amended. Required documents**

were not submitted to the Office of Public Records.

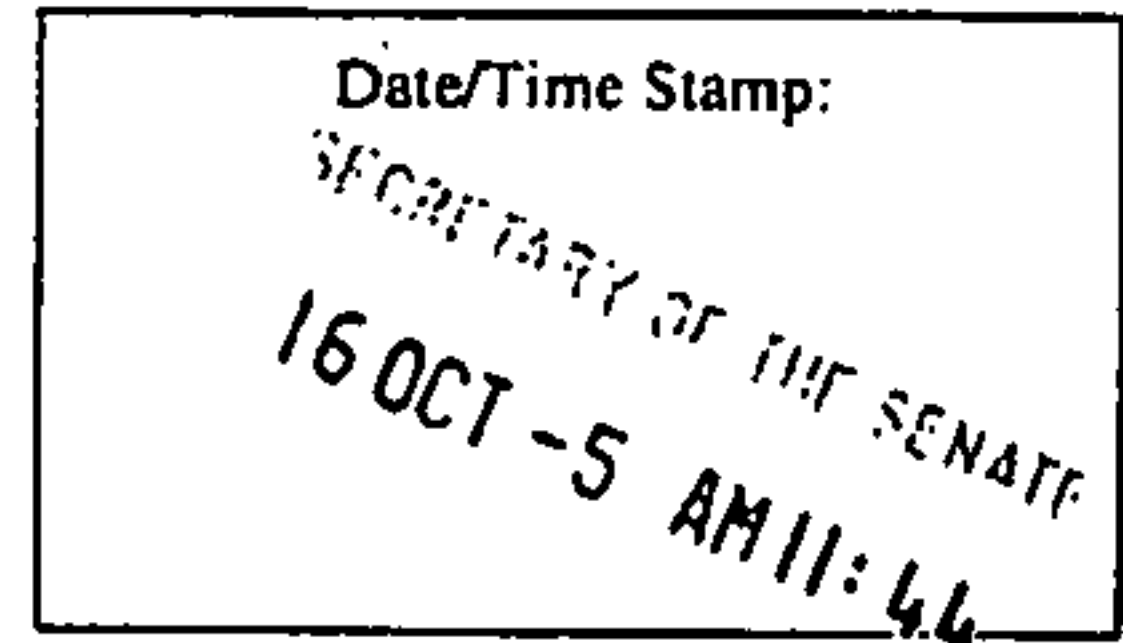
October 12 2016  
(Date)

  
(Signature of Traveler)

**829000000000**

# Employee Post-Travel Disclosure of Travel Expenses

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.



In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original Employee Pre-Travel Authorization (Form RE-1), AND  
☐ A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): American Bar Association

Travel date(s): September 30, 2016

Name of accompanying family member (if any): None

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount	360.05	<del>34.81</del>	34.81	

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

I was a panelist at the ABA Tax Conference.  
I flew in and out on the same day.

October 4, 2016 John Anthony Coughlan  
(Date) (Printed name of traveler)

Tony [Signature]  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

10/05/16  
(Date)

[Signature]  
(Signature of Supervising Senator/Officer)